

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST
<div>STATINTL</div> <div></div>			26 June 1953
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED:	7. C. S. OR OTHER LEGAL AUTHORITY
Termination of Contract		30 June 1953	
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED:	
Expert - Machine Indexing Project			

FROM—	8. POSITION TITLE AND NUMBER	TO—
8. Temporary Expert	9. SERVICE, GRADE, AND SALARY	
9. \$30. per day	10. ORGANIZATIONAL DESIGNATIONS	
10. <div>STATINTL</div> <div></div>	11. HEADQUARTERS	
11. Washington, D. C.	12. FIELD OR DEPARTMENTAL	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Machine Indexing Project terminates on 30 June 1953.

B. REQUESTED BY (Name and title)		D. REQUEST APPROVED BY				
W. L. Peel, Management Officer		Signature: _____				
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)		Title: E. H. Saunders, Comptroller				
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION ACTION				
NONE	WWII	OTHER	5-PT.	10-POINT		
				DISAB. OTHER		
15. SEX	16. RACE	17. APPROPRIATION		18. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	19. DATE OF APPOINT- MENT AFFIDAVITS (ACCESSIONS ONLY)	20. LEGAL RESIDENCE
		FROM:				<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
		TO:				STATE:

21. STANDARD FORM 50 REMARKS

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS:
A.			
B. CEIL. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.			
E.			
F. APPROVED BY			

I RESIGN FOR THE FOLLOWING REASON:

DATE _____

MY LAST WORKING DAY WILL BE _____

(SIGNATURE)

24. SEPARATION DATA

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS:

(STREET)

(CITY)

(ZONE)

(STATE)

BRIEF DESCRIPTION OF DUTIES

QUALIFICATIONS

EDUCATION

(If pertinent)

AGE RANGE _____ SEX _____

Essential:

Desired:

ESSENTIAL QUALIFICATIONS (Experience, Skills, Languages, Area Knowledge, etc.)

DESIRED QUALIFICATIONS (Experience, Skills, Languages, Area Knowledge, etc.)